



Maryland Department of Health and Mental Hygiene
Office of Health Care Quality – Laboratory Licensing Programs
Spring Grove Center – Bland Bryant Building
55 Wade Avenue, Catonsville, MD 21228
Phone: 410.402.8025 Fax: 410.402.8213



Instructions for Completion of Public Health Testing Application

It is important that you fill out the application form completely, including signatures where required. If the form is incomplete it will delay the licensing process.

This form is necessary to obtain a Public Health Testing License as require by Maryland Law.


Please submit no money at this time. Once your application is reviewed for completeness and compliance with the applicable regulations, you will be issued an invoice for the licensing fee as outlined in COMAR 10.10.12.04.

Please submit the completed registration form to:

**Laboratory Licensing – Public Health Testing
Office of Health Care Quality
Spring Grove Center – Bland Bryant Building
55 Wade Avenue
Catonsville, Maryland 21228**

Once processed, you will receive a license.

If you have any questions, please contact the Laboratory Licensing Division at 410-402-8025.

	Maryland Department of Health and Mental Hygiene Office of Health Care Quality – Laboratory Licensing Programs Spring Grove Center – Bland Bryant Building 55 Wade Avenue, Catonsville, MD 21228 Phone: 410.402.8025 Fax: 410.402.8213	Office Use Only
		Registration Number: PHT -
		Check #:
		Amount:
		Date Received:

Public Health Testing Application

Laboratory Information		
Laboratory Name		CLIA Number
Address		
City/State/Zip Code		
Telephone Number	Fax Number	Email Address
Director Information		
Director Name		Degree
Certification by American Specialty Board (name, date, number)		State Medical License Number
<i>The Public Health Testing Application limits the facility to the performance of rapid HIV antibody testing.</i>		
Have you contacted and had training from the Aids Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No		
In which proficiency testing program(s) is the laboratory enrolled? <hr/> <hr/> <hr/>		
Attestation I certify that the information provided in this application is true and complete. I agree to abide by the laws of Maryland governing medical laboratories and I understand that any willful and knowing false statement or representation or failure to fully disclose the requested information in this application may lead to a denial of a license or the suspension or revocation of the public health testing license issued to this entity to offer or perform medical laboratory tests. I also understand that compliance with State laws and regulations may not assure compliance with federal requirements.		
Signature of Laboratory Director		Date